

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004840

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **224**Primary Registration District No. **4499**Registrar's No. **10**

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY **Shelby**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Shelbina**Length of stay in 1b
28 Yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo** b. COUNTY **Shelby**c. CITY OR TOWN **Shelbina**Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First **William** Middle **Robert** Last **Howell**4. DATE OF DEATH
Month **Jan** Day **28th** Year **1963**

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/13/91

9. AGE (last birthday)

71IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.**1 16**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor Hi-Way Dept Road Work

10b. KIND OF BUSINESS OR INDUSTRY

Road Work

11. BIRTHPLACE (City and state or country)

Marion Co Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William F Howell

13b. MOTHER'S MAIDEN NAME

Cora Freemole

14. NAME OF HUSBAND OR WIFE

Virginia Howell15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Virginia Howell Shelby Mo18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

3 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days?

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 1959** to **present** and last saw her alive on **Nov 6, 1962**
Death occurred at **3:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas. O. Gentry MD

22b. ADDRESS

Shelbina Mo.

22c. DATE SIGNED

1/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan 31st 63 Community Mausoleum

23c. NAME OF CEMETERY OR CREMATORY

Shelbina

23d. LOCATION (City, town, or county)

Mo

24. FUNERAL DIRECTOR

Barkele & Davis Shelby Mo

25. DATE RECD. BY LOCAL REG.

2-1-63

26. REGISTRAR'S SIGNATURE

Marionne SimpsonUSE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry A. Larkeland

Licensed Embalmer No. 3835

P. O. Address Shelburne, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Not Issued - This